



# RELEASE OF LIABILITY-MINOR CHILDREN REQUIRES TO BE NOTARIZED

Undersigned parent and or the guardian, I hereby consent to my child,

(Child's Printed Full Name) \_\_\_\_\_ with Birthdate of \_\_\_\_\_ participating in the Community of Faith Weekday Preschool Program (also referred to as COF below), an event sponsored by COF located at 161245 Becker Rd Hockley Texas 77447. I certify that my child can participate in all activities that the COF Preschool Program offers. If there are any activities, I do not want my child to be involved in, I have them listed here:

To participate in Community of Faith Preschool program activities, your consent to release the COF Preschool program from any liability; including liability as a result of the COF Preschool's own negligence, is required by the parent or legal guardian of a minor Child/Children. Absent completion of all documentation, participation in the COF Preschool activities is prohibited.

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**“I UNDERSTAND THAT EACH PARTICIPANT MUST ASSUME THE RISK OF INJURY, PHYSICAL AND/OR EMOTIONAL AND ANY FINANCIAL RESPONSIBILITY THAT COULD RESULT FROM ATTENDING COMMUNITY OF FAITH PRESCHOOL PROGRAM AND PARTICIPATING IN ANY PROGRAM ACTIVITY. I AGREE TO ASSUME SUCH RISKS AND SUCH RESPONSIBILITY. I, ON MY BEHALF, AND ON BEHALF OF MY HEIRS AND ASSIGNS, HEREBY RELEASE, DISCHARGE, INDEMNIFY AND HOLD COF PRESCHOOL HARMLESS FROM ANY AND ALL CLAIMS, PHYSICAL AND EMOTIONAL, INCLUDING BODILY INJURY, I SUSTAIN IN MY CHILD/CHILDREN'S CONNECTION WITH THEIR ATTENDANCE AT COMMUNITY OF FAITH PRESCHOOL AND THEIR PARTICIPATION IN ANY AND ALL COF PRESCHOOL ACTIVITIES, INCLUDING WATER ACTIVITIES, AND INDOOR AND OUTDOOR ACTIVITIES. SPECIFICALLY, I HEREBY INTEND TO FULLY RELEASE, DISCHARGE, INDEMNIFY AND HOLD COMMUNITY OF FAITH PRESCHOOL, ITS OWNERS, OPERATORS, MEMBERS, MANAGERS, EMPLOYEES, TRUSTEES, INSURERS, AND STAFF HARMLESS FROM ALL SAID CLAIMS OR INJURIES, INCLUDING DEATH, WHETHER KNOWN OR UNKNOWN, TEMPORARY OR PERMANENT, ARISING OUT OF COF PRESCHOOL'S OWN NEGLIGENCE, BREACH OF DUTY, MISREPRESENTATIONS, NEGLIGENT OR OTHERWISE, AND/OR ARISING OUT OF THE CONDITION OF ITS PREMISES.”**

I understand that the directors of COF reserves the right to dismiss, without refund, any child/children or parent/legal guardian whose influence is detrimental to the operation of COF program, as determined by the discretion of the directors. I understand that the use of alcohol, tobacco products, and illegal drugs is strictly prohibited at COF.

I have read the COF Preschools Operational Policies, the Agreement to participate, the release of Liability, the release of photographs, video, audio and related media formats (or had someone read them to me) and freely and voluntarily agree to the terms and conditions of this release in order for my child/children to participate in this program. By my signature below, I certify that the information I provided on and in connection with any and all enrollment forms to COF Preschool are true, and accurate to the best of my knowledge. Furthermore, I give COF Preschool staff permission to provide and authorize any medical treatment necessary according to Texas minimum standards.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby indemnify and hold harmless COF and their officers, directors, agents, employees, volunteers and representatives (the “Indemnified Parties”) from and against any and all liability, damages, actions, cause of action, claims, losses and/or expenses, including but not limited to attorneys fees, court costs and expenses, arising

**RELEASE OF LIABILITY-MINOR CHILDREN & AGREEMENT TO PARTICIPATE**

**REQUIRES TO BE NOTARIZED**

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in connection with or based on injury to or death of any persons or property, including the loss of use thereof, caused in whole or in part by any member of the Group or the Group Leadership, regardless of whether or not caused in whole or in part by the negligence of the indemnified parties, or any one or more of them. However, this indemnification shall not apply to willful misconduct committed by the Indemnified Parties. I understand that part of the COF Preschool experience involves activities and interactions that may be new to my child, and that they come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk free, and so I have instructed my child on the importance of abiding by the COF Preschool rules, and my child and I both agree that he or she is familiar with these rules and will obey them.

**SWORN STATEMENT**

STATE OF TEXAS, COUNTY OF HARRIS

TO WHOM IT MAY CONCERN: THIS WILL VERIFY THAT \_\_\_\_\_ (Students Name)  
A MINOR CHILD, HAS OUR PERMISSION TO PARTICIPATE IN THE COMMUNITY OF FAITH (COF) PRESCHOOL PROGRAM,  
LOCATED IN HOCKLEY, TEXAS, U.S.A. I ALSO AGREE TO THE TERMS OF THE ABOVE RELEASE OF LIABILITY FORM FROM  
COMMUNITY OF FAITH, COMMUNITY OF FAITH WEEKDAY PRESCHOOL AND ANY ASSOCAITED STAFF RESPONISBLE AS  
STATED ABOVE.

PARENT/GUARDIAN PRINTED NAME: \_\_\_\_\_ SWORN TO AND

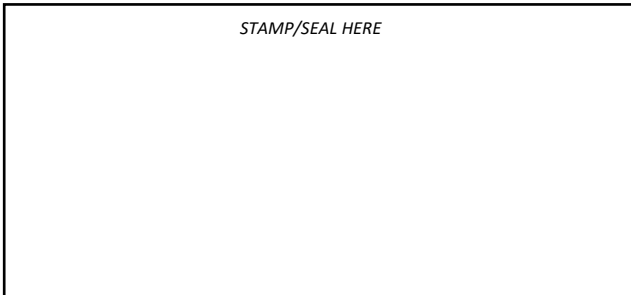
SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC IN AND FOR HARRIS COUNTY, TEXAS

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Notary Expires



Community of Faith Weekday Preschool (COF) 832-717-2799  
16124 Becker Rd, Hockley Texas 77447  
cyndiq@cof.church  
REV.2.1.2023